٠.	-	CAIMS AS FILED - PA	ART.I .		10/002,979	
٠.	FOR BASIC FEE	NUMBER FILEO	(Column 3)	SMALL ENTITY	OR OTHER THAN	
	(3) OFR (.16/a))		NUMBER EXTRA	RATE	SMALL ENITH	
٠.	TOTAL CLAIMS (37 OFR 1.16(c))			FEE FEE	RATE	
	INDEPENDENT	minus 20 a		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	OR FE	
	(37 OFR 1.16(b))	minus 1 g	<u> </u>	x 520 =	1	
•	MULTIPLE DEPENDENT CU	144000		x s 100=	OR x 50.	
•	If the difference in column 1 is less than zero, enter "0" in column 2.			+5:180	OR x s 200	
•	W COIDMU	l is less than zero, enter "0" i	n column 2	- (-3 <u>-100</u> -	OR .360	
	· CLAIMS	AS AMENDED - PAR		TOTAL	OR YOU	
:			RT (I		OR TOTAL	
		ma ()	uma 2). (Column 1)	· .		
		AIMS HIGH		SMALL ENTITY	OR OTHER	
	IZI WOI AF	TED NUM	BER PRESENT		OR OTHER THAN SMALL ENTITY	
٠. ا	Total AMENI	PAID	FOR EXTRA	RATE ADDI.	RATE	
, 1	Z Independent	Minus 20		FEC	TIONL ADD	
	Σ	Minus 2		x s 25.	FFF	
٠. ١	FIRST PRESENTATION OF	118 YOU CO.		x s 100	OR x \$ 50 =	
. 1		MULTIPLE DEPENDENT CLAIM	(37 CFR 1.16(d))	100	OR x 520Q	
					OR 1.312	
ŀ	(Column	11	•	ADD'L FEE	TOTAL	
- 1	CLAIM	S (Colum	n 2) (Calumn 3)		OR ADD' FEE	
	REMAIN AFTER	I I NUMBE	R PRESCUE			
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- 13	Z Total Organ Light Lindspondent Organ Light	Minus . 7/	7 - /	TIONAL	RATE ADDI	
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	THE DEPENDENT CLARK OF THE STATE OF THE STAT					
1.	•			+s180c OF	+360	
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1 8	TOLAL	1 PAD FOO	Y EXTRA	RATE ADDI.	RATE	
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M.	DI CER LIGOR	Minus	<del>-   </del>	,25	l cec	
₹	FIRST PRESENTATION OF			\$ 100g	x 50.	
THE THE PERSONNEL CONTRACTOR AND THE PERSONNE						
					. ,360.	
ADD'S CCC .						
	if the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".  This collection of information is required for Interest of the This space is less than 20, enter "20".  This collection of information is required for Interest of the Interest of Inte					
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to up process) an application Core 1, 16. The information found in the against number found in the						

If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3.

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is long including gathering, preparing, and submitting the completed application form to the USPTO. Firm will vary depending upon the individual case, any complete, and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO Issues

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